

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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June 6, 2016

Mr. Clarence Teem, EMS Coordinator  
Tuolumne County EMS Agency  
20111 Cedar Road North  
Sonora, CA 95370

Dear Mr. Teem:

This letter is in response to your EMS plan submission to the EMS Authority.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Tuolumne County's 2014 EMS Plan and is approving the plan as submitted.

**II. History and Background:**

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with Health and Safety Code (H&SC) § 1797.105(b).

Tuolumne County received its last full Plan approval for its 2011 plan submission, and its last annual Plan Update approval for its 2009 plan submission.

Historically, we have received EMS Plan documentation from Tuolumne County for its 2006, 2007, 2009, 2011 plan submissions, and most current, its 2014 plan submission.

The California H&SC § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

### III. Analysis of EMS System Components:

Following are comments related to Tuolumne County's 2014 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&SC § 1797.254 and the EMS system components identified in H&SC § 1797.103 are indicated below:

A.      ☒      ☐      System Organization and Management

1. Table 1

- The rating of several standards identified on Table 1 does not match the rating identified on the System Assessment Forms. Please ensure this information is updated and consistent with the plan information before the next plan submission.

B.      ☒      ☐      Staffing/Training

C.      ☒      ☐      Communications

1. Standards

- Standard 3.01. As written, it is unclear whether the minimum standard is met. In the next plan submission, please include an update on this standard detailing what the communications plan currently addresses, and also provide an update in the 'needs/objectives' sections.
- Standard 3.04. There is no information on how this standard is met. In the next plan submission, please include an update on this standard. The update should identify the communication capabilities of transport vehicles.

D.      ☒      ☐      Response/Transportation

1. Ambulance Zones

- Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the

exclusivity of Tuolumne County's EMS Agency's ambulance zones.

E.     ☒     ☐     Facilities/Critical Care

1. Standards

- Standard 5.02. The minimum standard is met; however, because the protocols and agreements in use are those adopted by the former regional EMS system, it is recommended that these be reviewed, evaluated, and updated every three years. Please include an update in your next plan submission.
- Standard 5.03. A resource guide for specialty services has not been developed. In the next plan submission, please provide an update on this development.
- Standards 5.10 and 5.11. The minimum standard is not met. While this is an enhanced level, in the next plan submission, please provide an update on the development of an EMS-C system, including a system assessment and evaluation, and the development of written agreements. In addition, please indicate what data will best describe the recommendations and develop a mechanism to collect and submit the data.
- Standard 5.13. In your Executive Summary, you mention that a STEMI Program has been established. In the next plan submission, please include an update on this standard with details (e.g., designated hospital(s), 12 lead ECG, agreement with neighboring LEMSAs and hospitals, etc.) of the program.

F.     ☒     ☐     Data Collection/System Evaluation

1. Standards

- Standard 6.03. In the next plan submission, please provide an update on the development of a multi-functioning approach to QA/QI, and provide an estimated time of completion.

- Standard 6.04. The minimum standard is not met. Please develop a plan to meet the minimum standard. In the next plan submission, please provide an update on the establishment of system based performance and evaluation criteria for medical dispatching.
- Standard 6.05. Standard 6.03 states the current capability of linking data; however, Standard 6.05 indicates there is a need to collect the data in an electronic format capable of importing. In the next plan submission, please provide an update on the linkage capabilities.

## 2. CEMSIS EMS Data

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (H&SC § 1797.102) as it relates to data collection and evaluation (H&SC § 1797.103). To enable the EMS Authority to make this determination, information shall be made available by data submission using the current versions of NEMSIS and CEMSIS standards (H&SC § 1797.227).

G.     ☒     ☐     Public Information and Education

H.     ☒     ☐     Disaster Medical Response

## 1. Standard

- Standard 8.18. There is no information on how this standard is met. In the next plan submission, please include an update on this standard. The update should identify the role of specialty centers as it relates to patient transfers.

## IV. Conclusion:

Based on the information identified, Tuolumne County may implement areas of the 2014 EMS Plan that have been approved. Pursuant to H&SC § 1797.105(b):

*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons*



*served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

**V. Next Steps:**

Tuolumne County's annual EMS Plan Update will be due on or before June 6, 2017.

If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink that reads "Daniel R. Shirley for". The signature is written in a cursive, flowing style.

Howard Backer, MD, MPH, FACEP  
Director

Attachment

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## EXECUTIVE SUMMARY

The Tuolumne County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within the Human Services Agency on July 1, 1997, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, the primary responsibility of the Tuolumne County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority. These plans must be consistent with the EMS System Standards and Guidelines established by the EMS Authority.

In general, the EMS system for Tuolumne County is a stable system that provides efficient and timely prehospital emergency medical services to its residents and visitors through universal 9-1-1 access; county, special district and city first response agencies; Tuolumne County Ambulance, Petroleum Helicopters Inc. (PHI); out of county response from Mercy Ambulance; neighboring air ambulance providers; one acute care hospital located within the county; and tertiary medical centers located outside the county. With this in mind, there remain parts of the EMS system requiring both minor and major improvements.

The Tuolumne County EMS System currently meets or exceeds 115 of the State EMS Authority's 121 minimum standards and recommended guidelines. Medical Dispatch accounts for every one of the six standards and recommended guidelines not met by Tuolumne County.

Medical Dispatch: Implementing an emergency medical dispatch (EMD) program based remains the major challenge for Tuolumne County. Cost and manpower issues are the major road blocks to implementing an EMD program.

### Accomplishment:

- System upgrade, all ALS units now have 12 Lead ECG capability
- STEMI program established
- Trauma Guidelines updated
- Core Measures submitted

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****A. SYSTEM ORGANIZATION AND MANAGEMENT**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X			
<b>Planning Activities:</b>						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X			
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants		X			
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
<b>System Finances:</b>						
1.16	Funding Mechanism		X			
<b>Medical Direction:</b>						
1.17	Medical Direction*		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		X			
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan	N/A				

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
<b>Dispatchers:</b>						
2.04	Dispatch Training	X				X
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X			
<b>Hospital:</b>						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X			
3.02	Radios		X			
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center	X				X
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/ Coordination	X				X
3.08	9-1-1 Public Education	X				X
<b>Resource Management:</b>						
3.09	Dispatch Triage	X				X
3.10	Integrated Dispatch	X				X

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		X			
4.02	Monitoring		X			
4.03	Classifying Medical Requests	X				X
4.04	Prescheduled Responses		X			
4.05	Response Time*		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X			
4.12	Disaster Response		X			
4.13	Intercounty Response*		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X			
4.17	ALS Equipment		X			
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan	N/A				
4.20	"Grandfathering"	N/A				
4.21	Compliance	N/A				
4.22	Evaluation	N/A				



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation*		X			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X			
5.14	Public Input		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X			
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch	X				X
6.05	Data Management System*	X			X	
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X			
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****G. PUBLIC INFORMATION AND EDUCATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams	N/A				
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity	N/A				



## **System Assessment Form**

### **System Organization and Management**

#### **1.01 LOCAL EMS AGENCY (LEMSA) STRUCTURE**

##### **MINIMUM STANDARDS:**

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: Meets Minimum Standard**

The Tuolumne County EMS Agency is established within the County Health Department which is part of the County Human Services Agency. The EMS agency is directly responsible to the Director of Public Health, who reports to the Director of the Human Services Agency who in turn is responsible to both the County Administrative Office and the Board of Supervisors. Agency staff is comprised of a Medical Director and an EMS Coordinator. Support service is provided by many other County departments including: County Counsel, County Administration, Human Services Agency and Personnel.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None

##### **OBJECTIVE:**

N/A

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **1.02 LOCAL EMS AGENCY (LEMSA) MISSION**

### **MINIMUM STANDARDS:**

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its QA/QI and evaluation processes to identify system changes.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

A comprehensive emergency medical services system has been established and continuously evaluated by Tuolumne County through the oversight of the County's Emergency Medical Care Committee since 1981. The mission of the Tuolumne County EMS Agency is to ensure that quality emergency medical care is available in a coordinated, professional and timely manner for all of the residents and visitors of Tuolumne County.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

### 1.03 PUBLIC INPUT

**MINIMUM STANDARDS:**

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: Meets Minimum Standard**

The County Emergency Medical Care Committee provides a forum for consumers and health care providers, both as members of the committee and as the general public, to comment on the development, utilization and evaluation of plans, policies and procedures. Additionally, members of the general public are always provided with the opportunity to comment on the EMS system directly to the Tuolumne County Board of Supervisors and the EMCC.

**COORDINATION WITH OTHER EMS AGENCIES:**

None.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)  
Long -Range Plan (more than one year)

## **1.04 MEDICAL DIRECTOR**

### **MINIMUM STANDARDS:**

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

### **RECOMMENDED GUIDELINES:**

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

### **CURRENT STATUS: Meets Minimum Standard**

Dr. S. Todd Stolp, M.D. currently serves as the EMS Agency Medical Director. Dr. Stolp also serves as the County's Public Health Officer.

Dr. Kimberly Freeman, M.D., the Base Hospital Medical Director for Sonora Regional Medical Center.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



## **1.05 SYSTEM PLAN**

### **MINIMUM STANDARDS:**

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Completion of this plan fulfills the requirements of this standard.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that the EMS System plan meets community needs and provides for the appropriate utilization of resources.

### **OBJECTIVE**

Monitor and amend the EMS system plan, as needed.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **1.06 ANNUAL PLAN UPDATE**

### **MINIMUM STANDARDS:**

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS:**

Completion of this plan fulfills the requirements of this standard.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Annually evaluate the EMS system plan to determine progress in meeting plan objectives and system changes.

### **OBJECTIVE:**

Submit an annual update of the EMS system plan to the State EMS Authority, which reflects system changes and progress made in meeting plan objectives.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X      Short-Range Plan (one year or less)
- Long -Range Plan (more than one year)

## **1.07 TRAUMA PLANNING**

### **MINIMUM STANDARDS:**

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

### **CURRENT STATUS: Meets Minimum Standard**

Currently the county's population and the capabilities of the one licensed general acute care facility do not support the establishment of trauma centers or other specialty care centers in Tuolumne County. In March of 2004, the Tuolumne County Trauma plan was approved by the State EMS Authority. Contracts with Memorial Medical Center, Doctors Medical Center (Modesto), U.C. Davis Medical Center (Sacramento), and Oakland Children's Medical Center (Oakland) to provide trauma care services for patients from Tuolumne County. Air transport is routinely used for transporting patients who need specialized services directly from the field or through inter-facility transfer to specialty centers in the Sacramento and San Francisco Bay areas and to non-designated higher level facilities in the central valley.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Tuolumne County is dependent on the larger health care system in the central valley, bay area and Sacramento valley for high level trauma services due to the limited resources available in the county.

### **NEED(S):**

None

### **OBJECTIVE:**

Enter into agreement with San Joaquin County EMS to include San Joaquin General Hospital in the Tuolumne County EMS Trauma Plan.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- X      Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

## **1.08 ALS PLANNING**

### **MINIMUM STANDARDS:**

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Advanced life support ambulance services are provided as the minimum standard for emergency (9-1-1) medical requests in Tuolumne County.

### **COORDINATION WITH OTHER EMS AGENCIES:**

None

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



## **1.09 INVENTORY OF RESOURCES**

### **MINIMUM STANDARDS:**

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Completion of this plan fulfills the requirements of this standard.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **1.10 SPECIAL POPULATIONS**

### **MINIMUM STANDARDS:**

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

### **RECOMMENDED GUIDELINES:**

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County EMS Agency (TCEMSA) has worked with the Infant, Child Enrichment Services (ICES) to develop guidelines and best practices for child care providers' emergency preparedness. TCEMSA has participated in disaster preparedness training for persons with access and functional needs, provided by Nusura, Inc. TCEMSA is working with the Local OES, Department of Social Services and other agencies that provide services to persons with access and functional needs to coordinate our response plans.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Ensure that all population groups know how to access and appropriately utilize the EMS system.

### **OBJECTIVE:**

Continue to work with other agencies, both county and private, to identify and develop care plans for population groups requiring specialized services.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **1.11 SYSTEM PARTICIPANTS**

### **MINIMUM STANDARDS:**

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

### **RECOMMENDED GUIDELINES:**

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

### **CURRENT STATUS: Meets Minimum Standard**

Written contracts are in place for each ambulance provider (including air ambulance), base/receiving hospital, and fire department first response agency. Roles and responsibilities of all EMS system participants including dispatch, county search and rescue and the U.S. Forest Service have been established through policy, protocols, and training standards.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **1.12 REVIEW AND MONITORING**

### **MINIMUM STANDARDS:**

Each local EMS agency shall provide for review and monitoring of EMS system operations.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

EMS system operations are routinely reviewed and monitored through on-site visits and a review of reports, records, and patient care reports by the EMS agency, the EMCC, and the base hospital.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### **1.13 COORDINATION**

**MINIMUM STANDARDS:**

Each local EMS agency shall coordinate EMS system operations.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: Meets Minimum Standard**

EMS system operations are coordinated through written agreements with providers and facilities; policies and procedures; training standards; quality improvement programs and other mechanisms including weekly meetings between the EMS agency and the County ambulance service.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None.

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



## **1.14 POLICY & PROCEDURES MANUAL**

### **MINIMUM STANDARDS:**

Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

A policy and procedure manual has been developed and made available to all system providers.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None.

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **1.15 COMPLIANCE WITH POLICIES**

### **MINIMUM STANDARDS:**

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Written agreements, county ordinance, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None.

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **1.16 FUNDING MECHANISM**

### **MINIMUM STANDARDS:**

Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

The Tuolumne County EMS Agency is funded through an ambulance enterprise fund revenues, and certification/accreditation fees. Tuolumne County has not created an EMS Fund as described in H&S Code Section 1797.98.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)  
Long-Range Plan (more than one year)

## **1.17 MEDICAL DIRECTION**

### **MINIMUM STANDARDS:**

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS: Meets Minimum Standard**

Medical direction is delineated through agreements, treatment protocols and other medical policies.

### **COORDINATION WITH OTHER EMS AGENCIES:**

N/A

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **1.18 QUALITY ASSURANCE (QA) and QUALITY IMPROVEMENT (QI)**

### **MINIMUM STANDARDS:**

Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

### **RECOMMENDED GUIDELINES:**

Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

### **CURRENT STATUS: Meets Minimum Standard**

QA/QI is provided by real time evaluation of calls by base hospital staff and retrospectively through review performed by the base hospital, ambulance service and EMS agency.

### **COORDINATION WITH OTHER EMS AGENCIES:**

None

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)



## **1.19 POLICIES, PROCEDURES, PROTOCOLS**

### **MINIMUM STANDARDS:**

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for prehospital personnel.

### **RECOMMENDED GUIDELINES: Does Not Meets Minimum Standard**

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

### **CURRENT STATUS:**

Policies, protocols or policy statements regarding treatment, transport, on-scene times, standing orders and local scope of practice have been established. The policies for transfer of emergency patients, base hospital contact and scene physicians are in place. The policy for medical dispatch needs revision.

Tuolumne County's dispatch center does not provide pre-arrival/post-dispatch instructions.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

The following policies are in need of revision: medical dispatch.

### **OBJECTIVE:**

- 1) Develop plan for Implementing Emergency Medical Dispatch with pre-arrival/post-dispatch instructions.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **1.20 DNR POLICY**

### **MINIMUM STANDARDS:**

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County continues to use the comprehensive Do Not Resuscitate policy adopted by the Emergency Medical Services Authority as the State Standard.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **1.21 DETERMINATION OF DEATH**

### **MINIMUM STANDARDS:**

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

A policy allowing EMS personnel to determine death in the field has been established and implemented.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None.

### **OBJECTIVE:**

N/A.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)  
Long-Range Plan (more than one year)

## **1.22 REPORTING OF ABUSE**

### **MINIMUM STANDARDS:**

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

EMS personnel are required by law to report suspected abuse and SIDS deaths. Employers are responsible for ensuring that their personnel are familiar with the reporting laws.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None.

### **OBJECTIVE:**

N/A.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **1.23 INTERFACILITY TRANSFER**

### **MINIMUM STANDARDS:**

The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS: Meets Minimum Standard**

A policy delineating the scene and inter-facility transfer scope of practice of paramedics has been established. Several medications have been added to the local expanded Paramedic Scope of Practice to facilitate interfacility transfers, without requiring hospital staff to accompany the patient during transfers.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

The addition of medications for use and/or monitoring during inter-facility transfer to reduce the need for nursing staff on transfers.

### **OBJECTIVE:**

Continue to develop policies expanding the ALS scope of practice during inter-facility transfers. Consider the implementation of a CCT-P program.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- |   |                                      |
|---|--------------------------------------|
|   | Short-Range Plan (one year or less)  |
| X | Long-Range Plan (more than one year) |



## **1.24 ALS SYSTEMS**

### **MINIMUM STANDARDS:**

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

### **RECOMMENDED GUIDELINES:**

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

### **CURRENT STATUS: Meets Minimum Standard**

Currently, Tuolumne County is the sole provider of ALS services in the Tuolumne County EMS system. A County ordinance has been established for issuing permits for service.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None.

### **OBJECTIVE:**

N/A.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)  
Long -Range Plan (more than one year)

## **1.25 ON-LINE MEDICAL DIRECTION**

### **MINIMUM STANDARDS:**

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

### **RECOMMENDED GUIDELINES:**

Each EMS system should develop a medical control plan which determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

### **CURRENT STATUS: Meets Minimum Standard**

On-line medical control is provided by Sonora Regional Medical Center, the only general acute care hospital located in Tuolumne County. Policies have been established for base hospital configuration and designation.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)  
Long-Range Plan (more than one year)

## **1.26 TRAUMA SYSTEM PLAN**

### **MINIMUM STANDARDS:**

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Currently the county's population and the capabilities of the one licensed general acute care facility do not support the establishment of trauma centers or other specialty care centers in Tuolumne County. In March of 2004, the Tuolumne County Trauma plan was approved by the State EMS Authority. Contracts with Memorial Medical Center, Doctors Medical Center (Modesto), U.C. Davis Medical Center (Sacramento) and Oakland Children's Medical Center (Oakland) to provide trauma care services for patients from Tuolumne County. Air transport is routinely used for transporting patients who need specialized services directly from the field or through inter-facility transfer to specialty centers in the Sacramento and San Francisco Bay areas and to non-designated higher level facilities in the central valley.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Tuolumne County is dependent on the larger health care system in the central valley, bay area and Sacramento valley for high level trauma services due to the limited resources available in the county.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

## **1.27 PEDIATRIC SYSTEM PLAN**

### **MINIMUM STANDARDS:**

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Does Not Meets Minimum Standard**

Tuolumne County participated in the Emergency Medical Services for Children project conducted in 1993-1995 by our former regional EMS agency. However, no follow-up evaluation has been conducted nor have most of our former agency's policies for EMSC been re-established and implemented.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

- 1) An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted.
- 2) Former EMS-C policies need to be re-established.
- 3) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

### **OBJECTIVE:**

The creation of an EMS-C systems within the Tuolumne County EMS System based on the standards and guidelines of the State of California.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- |   |                                      |
|---|--------------------------------------|
|   | Short-Range Plan (one year or less)  |
| X | Long-Range Plan (more than one year) |

## **1.28 EXCLUSIVE OPERATING AREA (EOA) PLAN**

### **MINIMUM STANDARDS:**

The local EMS agency shall develop, and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Ambulance ordinance adopted with ambulance permit process and there is no need or desire to implement exclusive operating area at this time.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None.

### **OBJECTIVE:**

N/A.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)



## **Staffing and Training**

### **2.01 ASSESSMENT OF NEEDS**

#### **MINIMUM STANDARDS:**

The local EMS agency shall routinely assess personnel and training needs.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS: Meets Minimum Standard**

Training needs are assessed through reports, meetings with EMS providers and training programs and the evaluation of training needs by the Emergency Medical Care Committee.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None.

#### **OBJECTIVE:**

N/A.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **2.02 APPROVAL OF TRAINING**

### **MINIMUM STANDARDS:**

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Procedures are in place to approve and monitor EMS personnel training programs and continuing education providers.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None.

### **OBJECTIVE:**

N/A.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **2.03 PERSONNEL**

### **MINIMUM STANDARDS:**

The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Policies or mechanisms have been adopted for first responder and EMT certification, paramedic accreditation, MICN authorization and certification reviews.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None.

### **OBJECTIVE:**

N/A.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **2.04 DISPATCH TRAINING**

### **MINIMUM STANDARDS:**

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

### **RECOMMENDED GUIDELINES:**

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

### **CURRENT STATUS: Does Not Meets Minimum Standard**

All EMS dispatch personnel are required to be POST certified and required to attend an initial EMD training course. However, EMD has not been fully implemented in Tuolumne County and medical dispatch personnel do not provide pre-arrival instructions to callers (refer to 3.09).

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

A process needs to be developed to ensure the continued education/refresher training of EMS dispatch personnel in EMD. Additionally, local polices need to be established for issuing EMD certification.

### **OBJECTIVE:**

Development of a process for the continued training of EMS dispatchers in EMD and the development of policies for issuing EMD certification.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **2.05 FIRST RESPONDER TRAINING**

### **MINIMUM STANDARDS:**

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

### **RECOMMENDED GUIDELINES:**

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

### **CURRENT STATUS: Meets Minimum Standard**

All first responder personnel are required to complete an initial 60 hour first responder medical course and an annual 12 hour first responder course update. Automatic External Defibrillator (AED) services are currently being conducted by all first response agencies in the county with expansion to other departments and stations continuously being evaluated.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None.

### **OBJECTIVE:**

N/A.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **2.06 RESPONSE**

### **MINIMUM STANDARDS:**

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

All public safety agencies in Tuolumne County, including the U.S. Forest Service, the California Highway Patrol, County and City law enforcement agencies and County, Special District and City fire departments respond to medical emergencies commensurate with their primary mission.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



## **2.07 MEDICAL CONTROL**

### **MINIMUM STANDARDS:**

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

All non-transporting first response agencies operate in accordance with the agency's policies and procedures.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **2.08 EMT-I TRAINING**

### **MINIMUM STANDARDS:**

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

### **RECOMMENDED GUIDELINES:**

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

### **CURRENT STATUS: Meets Minimum Standard**

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT-I. However, a BLS ambulance, staffed with a minimum of two EMT-I's may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted. EMT ambulance personnel have not been trained in or authorized to perform AED or manual defibrillation.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A.

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **2.09 CPR TRAINING**

### **MINIMUM STANDARDS:**

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

CPR training is provided by Tuolumne County Ambulance personnel to all interested agencies. The Tuolumne County Emergency Medical Care Committee is responsible for annually evaluating the CPR needs of the county. Additionally, most allied health personnel such as hospital, law enforcement, fire service and school personnel are required by state regulation to be trained in CPR within a year of employment.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **2.10 ADVANCED LIFE SUPPORT**

### **MINIMUM STANDARDS:**

All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

### **RECOMMENDED GUIDELINES:**

All emergency department physicians should be certified by the American Board of Emergency Medicine.

### **CURRENT STATUS: Meets Minimum Standard**

Agency policy requires all emergency department MICNs to be certified in advanced cardiac life support (ACLS). All emergency department physicians are encouraged to be Board certified in emergency medicine.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **2.11 ACCREDITATION PROCESS**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Policies and procedures exist to accredit and orient ALS personnel.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **2.12 EARLY DEFIBRILLATION**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Policies and procedures exist to accredit personnel as early defibrillation technicians.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **2.13 BASE HOSPITAL PERSONNEL**

### **MINIMUM STANDARDS:**

All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Policies and agreements specify that only mobile intensive care nurses, who have been authorized by the Tuolumne County EMS Agency or base hospital physicians, who have been judged knowledgeable in prehospital policies and protocols by the Base Hospital Medical Director, shall provide medical direction to EMS personnel.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



## **Communications**

### **3.01 COMMUNICATIONS PLAN**

#### **MINIMUM STANDARDS:**

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

#### **RECOMMENDED GUIDELINES: Meets Minimum Standard**

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

#### **CURRENT STATUS:**

The Tuolumne County EMS Agency is working with the County's Communication Officer to update the written plan for EMS communications.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

None

#### **NEED(S):**

Development of a written communications plan which addresses day-to-day and multi-casualty incident communication requirements including pre-arranged frequencies.

#### **OBJECTIVE:**

Develop a comprehensive EMS communications plan.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

	Short-Range Plan (one year or less)
X	Long -Range Plan (more than one year)

### **3.02 RADIOS**

#### **MINIMUM STANDARDS:**

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

#### **RECOMMENDED GUIDELINES:**

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

#### **CURRENT STATUS: Meets Minimum Standard**

All emergency medical transport vehicles have two-way radio equipment capable of performing field to dispatch, field to field, and field to hospital communications.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard

#### **NEED(S):**

Refer to 3.01

#### **OBJECTIVE:**

Refer to 3.01

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- |   |                                       |
|---|---------------------------------------|
|   | Short-Range Plan (one year or less)   |
| X | Long -Range Plan (more than one year) |

### **3.03 INTER-FACILITY TRANSFER**

#### **MINIMUM STANDARDS:**

Emergency medical transport vehicles used for inter-facility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS: Meets Minimum Standard**

Accomplished through cellular telephones and state med-net frequencies for radio communication.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

None

#### **NEED(S):**

Refer to 3.01

#### **OBJECTIVE:**

Refer to 3.01

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

### **3.04 DISPATCH CENTER**

#### **MINIMUM STANDARDS:**

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS: Meets Minimum Standard**

Exceeds the minimum standard.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard

#### **NEED(S):**

None

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### **3.05 HOSPITALS**

#### **MINIMUM STANDARDS:**

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

#### **RECOMMENDED GUIDELINES:**

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

#### **CURRENT STATUS: Meets Minimum Standard**

There is currently only one acute care hospital in Tuolumne. Access to other relevant services is accomplished by telephones using specified telephone numbers.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

### **3.06 MULTI-CAUSALITY INCIDENTS (MCIs) and DISASTERS**

#### **MINIMUM STANDARDS:**

The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS: Meets Minimum Standard**

The review of communication capabilities is reviewed during MCI exercises. Amateur radio operators are available on a volunteer basis to assist during disasters through the County Office of Emergency Services.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

Refer to 3.01

#### **OBJECTIVE:**

Refer to 3.01

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

### **3.07 9-1-1 PLANNING/COORDINATION**

#### **MINIMUM STANDARDS:**

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of enhanced 9-1-1 systems.

#### **CURRENT STATUS: Meets Minimum Standard**

Enhanced 9-1-1 service is available throughout Tuolumne County. The Tuolumne County Sheriff's Department dispatch conducts coordination meetings with the county's 9-1-1 dispatch centers on an as needed basis.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



### **3.08 9-1-1 PUBLIC EDUCATION**

#### **MINIMUM STANDARDS:**

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS: Meets Minimum Standard**

9-1-1 public education is provided through programs sponsored by Tuolumne County Ambulance, the Tuolumne County Sheriff's Department school resource officers and through public speaking engagements.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### **3.09 DISPATCH TRIAGE**

#### **MINIMUM STANDARDS:**

The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

#### **CURRENT STATUS: Does Not Meets Minimum Standard**

An ALS ambulance is dispatched to all 9-1-1 medical requests with first response dispatch being determined by dispatch guidelines. Although all dispatcher are initial trained in POST EMD, an EMD system including pre-arrival instructions has not been implemented. Tuolumne County EMS Agency is working with the Tuolumne County Sheriff's Office to implement an Emergency Medical Dispatch program based on current national standards and including pre-arrival instructions.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

An Emergency Medical Dispatch program based on current national standards and including pre-arrival instructions needs to be implemented.

#### **OBJECTIVE:**

Implement an EMD program.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

	Short-Range Plan (one year or less)
X	Long-Range Plan (more than one year)

### **3.10 INTEGRATED DISPATCH**

#### **MINIMUM STANDARDS:**

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

#### **CURRENT STATUS: Does Not Meets Minimum Standard**

Emergency Medical Dispatch is performed by the Tuolumne County Sheriff's Department and is capable of and routinely communicates with and accepts and transfers 9-1-1 calls to other primary and secondary service answering points serving Tuolumne County. However, the non-emergency medical dispatching in Tuolumne County is performed through a private answering service and the on-duty ambulance crews. This separation of functions, along with other factors, prohibits the kind of resource management necessary to effectively ensure the appropriate system-wide ambulance coverage during peak periods of demands.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

The establishment of a single dispatch center which includes both emergency and non-emergency medical dispatching functions, with qualified staff and the resources necessary to effectively manage county ambulance coverage.

#### **OBJECTIVE:**

The establishment of a single dispatch center which includes both emergency and non-emergency medical dispatching functions, with qualified staff and the resources necessary to effectively manage county ambulance coverage.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **Response and Transportation**

### **4.01 SERVICE AREA BOUNDARIES**

#### **MINIMUM STANDARDS:**

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

#### **CURRENT STATUS: Meets Minimum Standard**

County ambulance ordinance completed with a mechanism for defining and re-defining service areas. Currently, the County consists of one service area assigned to Tuolumne County Ambulance with a small portion of that service in the southwest parts of the County being augmented by Mercy Ambulance based immediately across the border in Mariposa County.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Ambulance service in the south-west portion of the county is coordinated with Mariposa County.

#### **NEED(S):**

None

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **4.02 MONITORING**

### **MINIMUM STANDARDS:**

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

### **CURRENT STATUS: Meets Minimum Standard**

The minimum standard is met through written agreements, auditing/reporting, inspections and investigation of unusual occurrences.

The recommended guideline is met through the County's ambulance ordinance.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.03 CLASSIFYING MEDICAL REQUESTS**

##### **MINIMUM STANDARDS:**

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: Meets Minimum Standard**

Medical requests are classified and resources assigned according to a written medical dispatch card system. All medical requests receive an ALS ambulance response and "emergent" and special needs calls receive the additional response of first responders or other appropriate resources, i.e. County Search and Rescue.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

The medical dispatch card system needs to be evaluated and updated.

##### **OBJECTIVE:**

Evaluate and update the medical dispatch card system and policies.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

	Short-Range Plan (one year or less)
X	Long-Range Plan (more than one year)

#### **4.04 PRESCHEDULED RESPONSES**

##### **MINIMUM STANDARDS:**

Service by emergency medical transport vehicles which can be prescheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: Meets Minimum Standard**

Ambulance availability in the county is maintained through operational standards included in the ambulance service contract.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None

##### **OBJECTIVE:**

N/A

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



#### 4.05 RESPONSE TIME STANDARDS

##### MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

##### RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan - Urban Area	Suburban - Rural Area	Wilderness Area
BLS First Responder	5 minutes	15 minutes	ASAP
Early Defibrillation First Responder	5 minutes	ASAP	ASAP
ALS Responder or Ambulance	8 minutes	20 minutes	ASAP
EMS Transportation Unit	8 minutes	20 minutes	ASAP

##### CURRENT STATUS: Meets Minimum Standard

EMS response time standards have not been developed. The EMSA recommended guidelines are used as guidelines for Tuolumne County; currently, there are no local regulations mandating specific ambulance response times. Ambulance response times are routinely monitored by the EMS agency and the EMCC.

##### COORDINATION WITH OTHER EMS AGENCIES:

Mariposa County ambulances are routinely used to respond to the south-west portion of Tuolumne County due to their shorter response times

##### NEED(S):

Establishment of response time standards

##### OBJECTIVE:

Develop response time standards appropriate for the Tuolumne County EMS system with the goal of meeting or exceeding the State minimum standards.

##### TIME FRAME FOR MEETING OBJECTIVE:

X      Short-Range Plan (one year or less)  
         Long-Range Plan (more than one year)

#### **4.06 STAFFING**

##### **MINIMUM STANDARDS:**

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: Meets Minimum Standard**

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT. However, a BLS ambulance staffed with a minimum of two EMTs may be used to respond to emergency requests during times of disaster and system overload when all available ALS resources have been depleted. BLS staffed ambulances are routinely used for non-emergent transfers and stand-by special events.

Providers are required to maintain a minimum drug and equipment inventory on all in-service ambulances as specified by the agency.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None

##### **OBJECTIVE:**

N/A

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.07 FIRST RESPONDER AGENCIES**

**MINIMUM STANDARDS:**

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

**RECOMMENDED GUIDELINES:**

None

**CURRENT STATUS: Meets Minimum Standard**

All of the fire departments in the county have entered into an agreement with the county for participation in the EMS system. First response and rescue services in this area are provided by the City, Special District and County Fire Departments.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.08 MEDICAL & RESCUE AIRCRAFT**

##### **MINIMUM STANDARDS:**

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in prehospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

##### **RECOMMENDED GUIDELINES:**

None

##### **CURRENT STATUS: Meets Minimum Standard**

Policies regarding request, dispatch, patient destination and landing sites have been established. Policies regarding classifying and authorizing medical aircraft are in place.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Services classified by other LEMSAs are used in the EMS system.

##### **NEED(S):**

None

##### **OBJECTIVE:**

None

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

#### **4.09 AIR DISPATCH CENTER**

**MINIMUM STANDARDS:**

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: Meets Minimum Standard**

The Tuolumne County Sheriff's Department dispatch center is responsible for coordinating the use of EMS aircraft in Tuolumne County.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.10 AIRCRAFT AVAILABILITY**

##### **MINIMUM STANDARDS:**

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: Meets Minimum Standard**

Written agreements with aeromedical services are in place.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

None

##### **NEED(S):**

None

##### **OBJECTIVE:**

N/A

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.11 SPECIALTY VEHICLES**

##### **MINIMUM STANDARDS:**

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

##### **CURRENT STATUS: Meets Minimum Standard**

All-terrain vehicles, snow mobiles, boats and water rescue vehicles are maintained by Tuolumne County ambulance, Tuolumne County Sheriff's Office, Tuolumne County Search and Rescue and by many of the fire departments in the county. All specialty vehicles are available and respond as needed.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

None

##### **NEED(S):**

Development of an EMS resource directory of specialty vehicles.

##### **OBJECTIVE:**

Develop an EMS resource directory of specialty vehicles.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

#### **4.12 DISASTER RESPONSE**

**MINIMUM STANDARDS:**

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: Meets Minimum Standard**

The OES Region IV MCI Plan has been adopted by the county Boards of Supervisors and has been implemented in the EMS system.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



#### **4.13 INTER-COUNTY RESPONSE**

##### **MINIMUM STANDARDS:**

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

##### **CURRENT STATUS: Meets Minimum Standard**

County ordinance addresses the use of inter-county response of emergency medical transport vehicles and EMS personnel.

Day-to-day mutual-aid from neighboring providers is available as needed. The development of written mutual aid agreements has been delayed until a statewide EMS mutual aid agreement is developed.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

None

##### **NEED(S):**

None

##### **OBJECTIVE:**

N/A

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.14 INCIDENT COMMAND SYSTEM**

**MINIMUM STANDARDS:**

The local EMS agency shall develop multi-casualty response plans and procedures which include provision for on-scene medical management using the Incident Command System.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: Meets Minimum Standard**

The OES Region IV MCI Plan has been adopted and implemented in Tuolumne County.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.15 MULTI-CAUSALITY INCIDENTS (MCI) PLANS**

**MINIMUM STANDARDS:**

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: Meets Minimum Standard**

The OES Region IV MCI Plan has been adopted and implemented in Tuolumne County. Additionally, all EMS and disaster personnel and policies meet or exceed the requirements of the Standardized Emergency Management System (SEMS) regulations developed by OES.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)  
Long-Range Plan (more than one year)

#### **4.16 ALS STAFFING**

##### **MINIMUM STANDARDS:**

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT level.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

##### **CURRENT STATUS: Meets Minimum Standard**

By policy, the minimum staffing level of all emergency medical transport vehicles (ambulances), is one licensed paramedic and one certified EMT. Ambulances stationed in the urban corridor of the county are routinely staffed with two paramedics. The EMS agency along with the county ambulance service have determined that EMT Defibrillation on ALS ambulances is not warranted.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

Evaluate the need for expanding the EMT scope of practice.

##### **OBJECTIVE:**

Evaluate the need for expanding the EMT scope of practice.

##### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

#### **4.17 ALS EQUIPMENT**

**MINIMUM STANDARDS:**

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: Meets Minimum Standard**

The minimum medication and equipment inventory on all in-service ambulances is specified by EMS agency policy.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.18 COMPLIANCE**

**MINIMUM STANDARDS:**

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: Meets Minimum Standard**

Tuolumne County's Ambulance Ordinance requires EMS transportation agencies to comply with applicable policies and procedures regarding system operations and clinical care.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.19 TRANSPORTATION PLAN**

**MINIMUM STANDARDS:**

Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: Meets Minimum Standard**

County ordinance provides a mechanism for establishing exclusive operating areas. However, the County has no immediate plans for developing exclusive operating areas.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

None

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.20 "GRANDFATHERING"**

##### **MINIMUM STANDARDS:**

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: Meets Minimum Standard**

County ordinance provides a mechanism for establishing exclusive operating areas. However, the County has no plans for developing exclusive operating areas.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None

##### **OBJECTIVE:**

N/A

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



#### **4.21 COMPLIANCE**

##### **MINIMUM STANDARDS:**

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: Not Applicable**

The minimum standard is not applicable at this time.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None

##### **OBJECTIVE:**

N/A

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **4.22 EVALUATION**

**MINIMUM STANDARDS:**

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS: Not Applicable**

The minimum standard is not applicable at this time.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

**NEED(S):**

None

**OBJECTIVE:**

N/A

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **Facilities and Critical Care**

### **5.01 ASSESSMENT of CAPABILITIES**

#### **MINIMUM STANDARDS:**

The local EMS agency shall periodically assess the EMS related capabilities of acute care facilities in its service area.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have written agreements with the acute care facility in its service area.

#### **CURRENT STATUS: Meets Minimum Standard**

Base and receiving hospital agreements for the general acute care hospital in the county are in place. The EMS related capabilities have been well established.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **5.02 TRIAGE & TRANSFER PROTOCOLS**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS: Meets Minimum Standard**

Prehospital triage protocols and transfer protocols and agreements currently in use are those adopted by the former regional EMS system.

### **COORDINATION WITH OTHER EMS AGENCIES:**

As practical, work with adjacent EMS systems to establish standard triage and transfer protocols.

### **NEED(S):**

Evaluate and update the field triage protocols.

### **OBJECTIVE:**

Evaluate and update the field triage protocols.

### **TIME FRAME FOR MEETING OBJECTIVE:**

	Short-Range Plan (one year or less)
x	Long-Range Plan (more than one year)

### **5.03 TRANSFER GUIDELINES**

#### **MINIMUM STANDARDS:**

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County EMS agency has developed transfer guidelines that are compliant with State recommendations. Patients requiring specialized services, not available in Tuolumne County, are routinely transferred by ground or air to designated and non-designated specialty care centers in the central valley, Sacramento valley, and bay area.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

None

#### **NEED(S):**

Development of a resource guide for specialty services available at facilities in neighboring EMS systems.

#### **OBJECTIVE:**

Develop a resource guide of specialty services available at facilities in neighboring EMS systems.

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- |   |                                      |
|---|--------------------------------------|
|   | Short-Range Plan (one year or less)  |
| X | Long-Range Plan (more than one year) |

#### **5.04 SPECIALTY CARE FACILITIES**

##### **MINIMUM STANDARDS:**

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

##### **RECOMMENDED GUIDELINES:**

None.

##### **CURRENT STATUS: Meets Minimum Standard**

The hospital in Tuolumne County does not provide specialty services such as a burn unit, pediatric intensive care unit, or specialized trauma services. However, psychiatric services are available locally and obstetric services are available at Sonora Regional Medical Center.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Tuolumne County routinely transport/transfers patients to specialty care facilities in Northern and Central California. Tuolumne County relies on the monitoring efforts of other LEMSAs to monitor the specialty care facilities in their jurisdictions.

##### **NEED(S):**

None

##### **OBJECTIVE:**

None

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **5.05 MASS CASUALTY MANAGEMENT**

### **MINIMUM STANDARDS:**

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

### **CURRENT STATUS: Meets Minimum Standard**

The base hospital in Tuolumne County has implemented and operates in accordance with the OES Region IV MCI Plan. The readiness of each hospital to respond to mass casualty incidents is evaluated annually.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **5.06 HOSPITAL EVACUATION**

### **MINIMUM STANDARDS:**

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Plans for hospital evacuation have been developed by each hospital and would be managed in accordance with the Standardized Emergency Management System (SEMS) and the Multi-Causality Incident Plan.

### **COORDINATION WITH OTHER EMS AGENCIES:**

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



## **5.07 BASE HOSPITAL DESIGNATION**

### **MINIMUM STANDARDS:**

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS: Meets Minimum Standard**

A policy regarding base hospital designation has been established.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Mariposa and Calaveras County ambulance providers continue to Tuolumne County base hospital for on-line medical control when transporting patients into Tuolumne County.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **5.08 TRAUMA SYSTEM DESIGN**

### **MINIMUM STANDARDS:**

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS: Meets Minimum Standard**

Patients requiring specialized trauma or surgical services are routinely transported from the field by air ambulance to higher level facilities in Stanislaus County or transported by ground to local hospitals for stabilization and transfer to designated and non-designated facilities in Northern and Central California. Designation of trauma centers in Tuolumne County is currently not practical since the hospital in county has the resources to meet the requirements of a level 1, level 2 or level 3 trauma center.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **5.09 PUBLIC INPUT**

### **MINIMUM STANDARDS:**

In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS: Meets Minimum Standard**

The county Emergency Medical Care Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding trauma system development and the entire EMS system.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

## **5.10 PEDIATRIC SYSTEM DESIGN**

### **MINIMUM STANDARDS:**

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS: Does Not Meets Minimum Standard**

Tuolumne County participated in the Emergency Medical Services for Children project conducted in 1993-1995 by our former regional EMS agency. However, no follow-up evaluation has been conducted nor have most of our former agency's policies for EMSC been re-established and implemented.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

- 1) An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted;
- 2) Former EMS-C policies need to be re-established;
- 3) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

### **OBJECTIVE:**

The creation of an EMS-C systems within the Tuolumne County EMS System based on the standards and guidelines of the State of California.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)  
X Long-Range Plan (more than one year)

## **5.11 EMERGENCY DEPARTMENTS (Pediatrics)**

### **MINIMUM STANDARDS:**

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

### **RECOMMENDED GUIDELINES:**

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

### **CURRENT STATUS: Does Not Meets Minimum Standard**

Tuolumne County participated in the Emergency Medical Services for Children project conducted in 1993-1995 by our former regional EMS agency. However, no follow-up evaluation has been conducted nor have most of our former agency's policies for EMSC been re-established and implemented.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

1) An assessment and evaluation of the EMS system's ability to meet the needs of seriously ill and injured children based on the state's EMS-C standards needs to be conducted; 2) Former EMS-C policies need to be re-established 3) Written agreements need to be developed with tertiary pediatric critical care centers and pediatric trauma centers.

### **OBJECTIVE:**

The creation of an EMS-C systems within the Tuolumne County EMS System based on the standards and guidelines of the State of California.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- |   |                                      |
|---|--------------------------------------|
|   | Short-Range Plan (one year or less)  |
| X | Long-Range Plan (more than one year) |

## **5.12 PUBLIC INPUT (Pediatrics)**

### **MINIMUM STANDARDS:**

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

The county Emergency Medical Care Committee provides a forum for receiving input from both prehospital and hospital providers and consumers regarding trauma system development and the entire EMS system.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Refer to Objective 1.27

### **OBJECTIVE:**

Refer to Objective 1.27

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

### **5.13 SPECIALTY SYSTEM DESIGN**

#### **MINIMUM STANDARDS:**

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

#### **RECOMMENDED GUIDELINES:**

None

#### **CURRENT STATUS: Meets Minimum Standard**

No specialty care planning is currently being considered except as otherwise noted in this plan.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

None

#### **NEED(S):**

N/A

#### **OBJECTIVE:**

N/A

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

#### **5.14 PUBLIC INPUT (Specialty Care)**

##### **MINIMUM STANDARDS:**

In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

##### **RECOMMENDED GUIDELINES:**

None

##### **CURRENT STATUS: Meets Minimum Standard**

No specialty care planning is currently being considered except as otherwise noted in this plan.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

N/A

##### **OBJECTIVE:**

N/A

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



## **Data Collection and System Evaluation**

### **6.01 QA/QI PROGRAM**

#### **MINIMUM STANDARDS:**

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

#### **CURRENT STATUS: Meets Minimum Standard**

Currently the QA/QI program consists of base hospital review of calls, bi-monthly QA/QI Committee review of specific calls and, EMS agency and EMCC review of EMS data. Compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality is accomplished by chart review by the provider, Base Hospital Physician, and EMS Agency. Specific data is collected and studied as needed.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)  
Long -Range Plan (more than one year)

## **6.02 PREHOSPITAL RECORDS**

### **MINIMUM STANDARDS:**

Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Electronic patient care records (PCRs) are completed for all patients, with copies of the report being submitted to the receiving hospital, provider and agency.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

### 6.03 PREHOSPITAL CARE AUDITS

#### MINIMUM STANDARDS:

Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

#### RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

#### CURRENT STATUS: Meets Minimum Standard

Standardized medical audits of prehospital care are currently being performed bi-monthly by the QA/QI Committee. Ambulance performance reports are reviewed by the EMCC on a quarterly basis.

The EMS agency uses EMS Data Pro™ for EMS data management. The software is capable of linking prehospital, dispatch, emergency department, and discharge records. The agency receives the following data:

Data Category	Sources Currently Providing Data
Prehospital	Tuolumne County Ambulance (monthly)
Dispatch	Tuolumne County Sheriff's Department (as requested)
Emergency Department	Receiving Facilities (Monthly)
In-Patient	Receiving Facilities (as requested)
Discharge	Receiving Facilities and Coroner (as requested)

#### COORDINATION WITH OTHER EMS AGENCIES:

None.

#### NEEDS:

Determination of the feasibility of collecting data from first response agencies, dispatch, and other prehospital providers such as PHI.

#### OBJECTIVE:

As noted in 6.01: Development of a comprehensive, multi-function approach to EMS QA/QI.

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **6.04 MEDICAL DISPATCH**

### **MINIMUM STANDARDS:**

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post-dispatch directions.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Does Not Meets Minimum Standard**

Internal peer-to-peer review of medical dispatching is currently being performed by the Tuolumne County Sheriff's Department.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

Integration of the medical dispatch into the overall EMS QA/QI program. Establishment of system based performance and evaluation criteria for medical dispatching.

### **OBJECTIVE:**

The integration of medical dispatch into the overall EMS QA/QI program and the establishment of system based performance and evaluation criteria for medical dispatching.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- X Long-Range Plan (more than one year)

## **6.05 DATA MANAGEMENT SYSTEM**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish a data management system which supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County uses EMS Data Pro™ as its integrated data management system, which includes response and clinical data. This system meets and exceeds the state standards for EMS data management and is capable of combining primary and secondary PSAP (dispatch), first response, ambulance, emergency department and in-hospital data into a single record.

### **COORDINATION WITH OTHER EMS AGENCIES:**

None

### **NEEDS:**

The collection of data from the emergency department, medical dispatch and first response dispatch in an electronic format capable of import into EMS Data Pro™.

### **OBJECTIVE:**

Develop a mechanism for the electronic collection of emergency department, medical dispatch and first response dispatch data into EMS Data Pro.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- X Long -Range Plan (more than one year)

## **6.06 SYSTEM DESIGN EVALUATION**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

The county Emergency Medical Care Committee reviews local operations, policies, practices and the overall design and effectiveness of the EMS system.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **6.07 PROVIDER PARTICIPATION**

### **MINIMUM STANDARDS:**

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

### **RECOMMENDED GUIDELINES:**

None

### **CURRENT STATUS: Meets Minimum Standard**

A mechanism for ensuring provider participation was established through the County's ambulance ordinance.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

### **OBJECTIVE:**

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **6.08 REPORTING**

### **MINIMUM STANDARDS:**

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Reports on system design and operations are presented at every EMCC meeting and to the Board of Supervisors when requested or warranted.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEEDS:**

None

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)



## **6.09 ALS AUDIT**

### **MINIMUM STANDARDS:**

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

### **RECOMMENDED GUIDELINES:**

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

### **CURRENT STATUS: Meets Minimum Standard**

The review of ALS prehospital and base hospital care is performed monthly. The agency's integrated data management system, EMS Data Pro™ does include prehospital, base hospital, and receiving hospital data.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **6.10 TRAUMA SYSTEM EVALUATION**

### **MINIMUM STANDARDS:**

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

### **RECOMMENDED GUIDELINES:**

None.

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has implemented a trauma care system as of March 2004. Tuolumne County uses EMS Outfielder®, EMS Datapro®, and EMS Traumapro® to collect patient care data, including trauma data. QA/QI meetings are used to identify patients whose care fell outside of established criteria and identifying potential improvements to the system design and operation. Applicable trauma patients are reviewed with Mountain Valley EMS Agency's (MVEMSA) Trauma Advisory Committee (TAC).

### **COORDINATION WITH OTHER EMS AGENCIES:**

Coordinate with MVEMSA's Trauma Coordinator and Trauma Center's Nurse Liaison to evaluate the Trauma System.

### **NEED(S):**

N/A

### **OBJECTIVE:**

N/A

### **TIME FRAME FOR MEETING THE OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **6.11 TRAUMA CENTER DATA**

### **MINIMUM STANDARDS:**

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

### **CURRENT STATUS: Meets Minimum Standard**

See 6.10

### **COORDINATION WITH OTHER EMS AGENCIES:**

See 6.10

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **7.01 Public Information Materials**

### **MINIMUM STANDARDS:**

The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area. 7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine. The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County EMS works in conjunction with local prehospital, hospital and other medical education providers to provide appropriate public information materials.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **7.02 Injury Control**

### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County EMS works in conjunction with local prehospital, hospital and other medical education providers to provide injury prevention and preventative medicine.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

### **7.03 Disaster Preparedness Training**

#### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County EMS works in conjunction with the Public Health Department, OES, and local service clubs to promote public preparedness and volunteerism.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

#### **7.04 First Aid & CPR**

##### **MINIMUM STANDARDS:**

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

##### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County EMS works in conjunction with Tuolumne County Ambulance Service and Columbia Community College to promote CPR and first aid training to the public.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

##### **NEED(S):**

None

##### **OBJECTIVE:**

None

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.01 Disaster Medical Planning**

### **MINIMUM STANDARDS:**

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

### **RECOMMENDED GUIDELINES:**

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County EMS works in conjunction with the Public Health Department, OES, and other emergency services providers to develop and exercise medical response plans for catastrophic disasters.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)



## **8.02 Response Plans**

### **MINIMUM STANDARDS:**

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

### **RECOMMENDED GUIDELINES:**

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has adopted the OES Region IV MCI Plan. All written response plans are NIMS/SEMS compliant.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Tuolumne County EMS Agency will coordinate plans with all EMS Agencies in OES Region IV.

### **NEED(S):**

Reviewed and updated older plans as needed.

### **OBJECTIVE:**

Assure that all plans are NIMS/SEMS compliant.

### **TIME FRAME FOR MEETING OBJECTIVE:**

- ☐ Short-Range Plan (one year or less)
- ☒ Long -Range Plan (more than one year)

### **8.03 HazMat Training**

#### **MINIMUM STANDARDS:**

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

#### **RECOMMENDED GUIDELINES:**

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County Health and Safety Coalition regularly provide Haz-Mat for healthcare training.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

#### **8.04 Incident Command System**

##### **MINIMUM STANDARDS:**

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

##### **RECOMMENDED GUIDELINES:**

The local EMS agency should ensure that ICS training is provided for all medical providers.

##### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has adopted the OES Region IV MCI Plan, which requires training basic ICS training for prehospital care providers.

##### **COORDINATION WITH OTHER EMS AGENCIES:**

Tuolumne County EMS Agency will coordinate with all EMS Agencies in OES Region IV.

##### **NEED(S):**

None

##### **OBJECTIVE:**

None

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.05 Distribution of Casualties**

### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

### **RECOMMENDED GUIDELINES:**

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has adopted the OES Region IV MCI Plan, which include casualty distribution.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Tuolumne County EMS Agency will coordinate with all EMS Agencies in OES Region IV.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.06 Needs Assessment**

### **MINIMUM STANDARDS:**

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

### **RECOMMENDED GUIDELINES:**

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

### **CURRENT STATUS: Meets Minimum Standard**

The procedures are exercised annually during one or more Statewide or Regional Exercise.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Tuolumne County EMS Agency will coordinate with all EMS Agencies in OES Region IV.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.07 Disaster Communications**

### **MINIMUM STANDARDS:**

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

### **RECOMMENDED GUIDELINES:**

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has identified and exercised disaster communications frequencies.

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.08 Inventory of Resources**

### **MINIMUM STANDARDS:**

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has implemented an inventory management system

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.09     DMAT Teams**

### **MINIMUM STANDARDS:**

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should support the development and maintenance of DMAT teams in its area.

### **CURRENT STATUS:**

The minimum standard is not applicable at this time.

### **COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable for this standard.

### **NEED(S):**

None

### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)



## **8.10 Mutual Aid Agreements**

### **MINIMUM STANDARDS:**

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

### **RECOMMENDED GUIDELINES:**

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has adopted the OES Region IV MCI Plan, which ensure that sufficient emergency medical response and transport vehicles and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Tuolumne County EMS Agency will coordinate with all EMS Agencies in OES Region IV.

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.11 CCP Designation**

### **MINIMUM STANDARDS:**

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

### **RECOMMENDED GUIDELINES:**

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has developed CCP plans in the Health Emergency Preparedness and Response Plan.

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.12 Establishment of CCPs**

### **MINIMUM STANDARDS:**

The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

### **RECOMMENDED GUIDELINES:**

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has developed CCP plans in the Health Emergency Preparedness and Response Plan.

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

### **8.13 Disaster Medical Training**

#### **MINIMUM STANDARDS:**

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County Health and Safety Coalition regularly provide Haz-Mat for healthcare training.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

##### **NEED(S):**

None

##### **OBJECTIVE:**

None

##### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.14 Hospital Plans**

### **MINIMUM STANDARDS:**

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

### **RECOMMENDED GUIDELINES:**

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County EMS participates with the Local Health & Safety Coalition. Member plans are reviewed to assure they integrate with the Tuolumne Operational Area Plan.

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.15 Interhospital Communications**

### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

### **RECOMMENDED GUIDELINES:**

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has deployed a medical and health radio system that allows communication between all system participants.

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.16 Prehospital Agency Plans**

### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

### **RECOMMENDED GUIDELINES:**

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County EMS provides NIMS, SEMS and ICS Training to all participants. The County's Operational Area Plan and the Region IV MCI plan provide guidance for significant medical incidents. Large scale incidents are drill at least annually.

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.17 ALS Policies**

### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

### **RECOMMENDED GUIDELINES:**

#### **CURRENT STATUS: Meets Minimum Standard**

Tuolumne County has developed policies that allow for the integration of EMS Providers from other jurisdictions into the local system.

### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)



## **8.18 Specialty Center Roles**

### **MINIMUM STANDARDS:**

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

### **RECOMMENDED GUIDELINES:**

#### **CURRENT STATUS:**

Tuolumne County meets the minimum standard.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

## **8.19 Waiving Exclusivity**

### **MINIMUM STANDARDS:**

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

### **RECOMMENDED GUIDELINES:**

#### **CURRENT STATUS:**

Tuolumne County meets the minimum standard.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

#### **NEED(S):**

None

#### **OBJECTIVE:**

None

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long -Range Plan (more than one year)

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: 2014

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Tuolumne

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	_____ 100%

2. Type of agency

**a) Public Health Department**

3. The person responsible for day-to-day activities of the EMS agency reports to

a) Public Health Officer  
b) Health Services Agency Director/Administrator  
c) Board of Directors  
**d) Other: Director of Public Health Nursing**

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	_____
<b><u>Designation of trauma centers/trauma care system planning</u></b>	<b>X</b>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
<b><u>Development of transfer agreements</u></b>	<b>X</b>
<b><u>Enforcement of local ambulance ordinance</u></b>	<b>X</b>
<b><u>Enforcement of ambulance service contracts</u></b>	<b>X</b>
<b><u>Operation of ambulance service</u></b>	<b>X</b>
<u>Continuing education</u>	<b>X</b>
<b><u>Personnel training</u></b>	<b>X</b>
Operation of oversight of EMS dispatch center	_____
<b><u>Non-medical disaster planning</u></b>	<b>X</b>
Administration of critical incident stress debriefing team (CISD)	_____

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Administration of disaster medical assistance team (DMAT)

**Administration of EMS Fund [Senate Bill (SB) 12/612]**

X

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**5. EXPENSES**

Salaries and benefits (All but contract personnel)

\$ 120,902.54

Contract Services (e.g. medical director)

Operations (e.g. copying, postage, facilities)

2,983.05

Travel

866

Fixed assets

Indirect expenses (overhead)

10,352.22

Ambulance subsidy

EMS Fund payments to physicians/hospital

Dispatch center operations (non-staff)

Training program operations

372.07

Other: Ambulance Management Contract

Other: SDE

1,202.80

Other: \_\_\_\_\_

**TOTAL EXPENSES**

\$ 136,678.68

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]

\$ \_\_\_\_\_

Preventive Health and Health Services (PHHS) Block Grant

Office of Traffic Safety (OTS)

State general fund

County general fund

Other local tax funds (e.g., EMS district)

County contracts (e.g. multi-county agencies)

Certification fees

\$5,711.50

Training program approval fees

Training program tuition/Average daily attendance funds (ADA)

Job Training Partnership ACT (JTPA) funds/other payments

Base hospital application fees

**TABLE 2:      SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	<u>11,338.00</u>
Other grants: _____	_____
Other fees: _____	_____
Other (specify): Ambulance Enterprise Fund	<u>119,629.18</u>

<b>TOTAL REVENUE</b>	<b>\$ <u>136,678.68</u></b>
----------------------	-----------------------------

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN.*

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

☐ We do not charge any fees

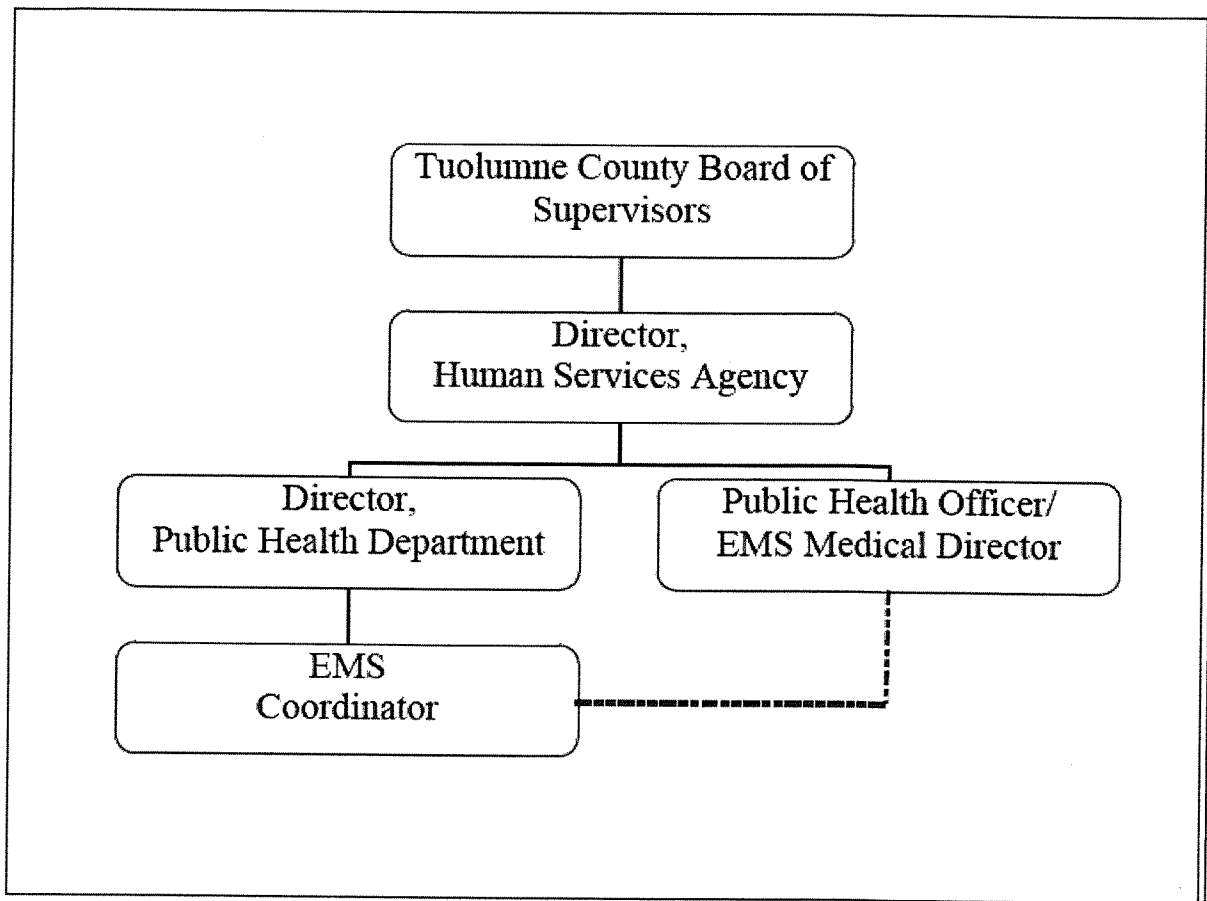
☒ Our fee structure is:

First responder certification	\$ 0
EMS dispatcher certification	N/A
EMT-I certification	\$164.75
EMT-I recertification	\$66.5
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	\$65.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	\$52.50
MICN/ARN recertification	\$27.75
EMT-I training program approval	N/A
AEMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	N/A
Base hospital application	N/A
Base hospital designation	N/A
Trauma center application	N/A
Trauma center designation	N/A
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license	N/A
Ambulance vehicle permits	N/A
Other: _____	_____
Other: _____	_____
Other: _____	_____

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Coordinator	1	\$28.10	51.8%	
Asst. Admin./Admin.Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director	EMS Medical Director	0.2	\$93.43	49.3%	Also PH Officer
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.





# TABLE 3: STAFFING/TRAINING

Reporting Year: 2014

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	187	N/A		
Number newly certified this year	21	N/A		
Number recertified this year	166	N/A		
Total number of accredited personnel on July 1 of the reporting year	30	N/A	30	
Number of certification reviews resulting in:				
a) formal investigations	2	N/A		0
b) probation	0	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	0	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	2	N/A	0	0

## 1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs  
b) Number of public safety (defib) certified (non-EMT-I)

187  
114

## 2. Do you have an EMR training program

x yes no

#### TABLE 4: COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: Tuolumne

Reporting Year: 2014

- |   |                                   |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP)   | <u>2</u>                          |
| 2. Number of secondary PSAPs  | <u>0</u>                          |
| 3. Number of dispatch centers directly dispatching ambulances   | <u>1</u>                          |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines   | <u>0</u>                          |
| 5. Number of designated dispatch centers for EMS Aircraft   | <u>0</u>                          |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Tuolumne County Sheriff's Department</u> |                                   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Tuolumne County Sheriff's Department</u>             |                                   |
| 8. Do you have an operational area disaster communication system?   | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>462.2500</u>  |                                   |
| b. Other methods <u>463.0250</u>  |                                   |
| c. Can all medical response units communicate on the same disaster communications system?                         | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System  | <input type="checkbox"/> Yes X No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services                                       | X Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?  | X Yes <input type="checkbox"/> No |
-

## TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2014

**Note:** Table 5 is to be reported by agency.

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 13

### SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	7:00 Minutes	12:00 Minutes	28:00 Minutes	14:00 Minutes
Early defibrillation responder	7:00 Minutes	12:00 Minutes	28:00 Minutes	14:00 Minutes
Advanced life support responder	10:00 Minutes	17:00 Minutes	45:00 Minutes	18:00 Minutes
Transport Ambulance	10:00 Minutes	17:00 Minutes	45:00 Minutes	18:00 Minutes

## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2014

**NOTE:** Table 6 is to be reported by agency.

### Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria
2. Number of major trauma victims transported directly to a trauma center by ambulance
3. Number of major trauma patients transferred to a trauma center
4. Number of patients meeting triage criteria who weren't treated at a trauma center

55
50
4
1

### Emergency Departments

Total number of emergency departments

1. Number of referral emergency services
2. Number of standby emergency services
3. Number of basic emergency services
4. Number of comprehensive emergency services

1
1

### Receiving Hospitals

1. Number of receiving hospitals with written agreements
2. Number of base hospitals with written agreements

1
1

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2014

County: Tuolumne

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Motherlode Fairgrounds and Columbia Airport
  - b. How are they staffed? 1<sup>st</sup> Responders, Ambulance Staff, DHV Members
  - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD  
Do you have a CISD provider with 24 hour capability? ☐ Yes ☒ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 5
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☒ Yes ☐ No
  - b. exercise? ☒ Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
Tuolumne County is signatory to the Region IV MCI Plan.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☐ No
9. If not, to whom do you report? Health Department
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☐ Yes ☐ No

# Table 3: Resource Directory

Reporting Year: 2013

## Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne Provider: Columbia College Fire Department Response Zone: \_\_\_\_\_

Address: 11600 Columbia College Drive Number of Ambulance Vehicles in Fleet: 0  
Sonora, CA 95370

Phone Number: (209) 533-5548 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes X No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground X Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
---	---	--	---

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	--	--	---

## Transporting Agencies

37 \_\_\_\_\_ Total number of responses  
37 \_\_\_\_\_ Number of emergency responses  
Unk \_\_\_\_\_ Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

## Air Ambulance Services

\_\_\_\_\_ Total number of responses  
\_\_\_\_\_ Number of emergency responses  
\_\_\_\_\_ Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

# Table 9: Resource Directory

Reporting Year: 2013

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne      Provider: Columbia-Springfield Fire Dept.      Response Zone: \_\_\_\_\_

Address: 11328 Jackson Street      Number of Ambulance Vehicles in Fleet: 0  
Columbia, CA 95310

Phone Number: (209) 532-3772      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes   X No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS   X 9-1-1   X Ground X Non-Transport   X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
---	---	--	--

<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State   X Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	--	--	---

## Transporting Agencies

251	Total number of responses	_____	Total number of transports	_____
251	Number of emergency responses	_____	Number of emergency transports	_____
Unk	Number of non-emergency responses	_____	Number of non-emergency transports	_____

## Air Ambulance Services

_____	Total number of responses	_____	Total number of transports	_____
_____	Number of emergency responses	_____	Number of emergency transports	_____
_____	Number of non-emergency responses	_____	Number of non-emergency transports	_____



Reporting Year: 2013

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne Provider: Groveland Fire Depart (Cal-Fire) Response Zone: 4

Address: 18966 Ferretti Road Number of Ambulance Vehicles in Fleet: 0  
Groveland, CA 95321

Phone Average Number of Ambulances on Duty  
Number: (209) 533-5548 At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes X No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground X Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

325	Total number of responses	_____	Total number of transports	_____
325	Number of emergency responses	_____	Number of emergency transports	_____
Unk	Number of non-emergency responses	_____	Number of non-emergency transports	_____

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports	_____
_____	Number of emergency responses	_____	Number of emergency transports	_____
_____	Number of non-emergency responses	_____	Number of non-emergency transports	_____

# Tab' 9: Resource Directory

Reporting Year: 2013

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne Provider: Jamestown Fire Department Response Zone:

Address: 18249 4<sup>th</sup> Avenue  
Jamestown, CA 95327

Phone Number: (209) 533-5548

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes X No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground X Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	--	--	---

## Transporting Agencies

379 Total number of responses  
379 Number of emergency responses  
Unk Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

## Air Ambulance Services

Total number of responses  
Number of emergency responses  
Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

# Table 9: Resource Directory

Reporting Year: 2013

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne      Provider: Mi-Wuk Sugar Pine Fire Dept.      Response Zone: \_\_\_\_\_

Address: 24123 Pine Lake Drive      Number of Ambulance Vehicles in Fleet: 0

Sugar Pine, CA 95346

Phone Number: (209) 586-5256      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes   X No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS   X 9-1-1   X Ground X Non-Transport   X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
---	---	--	--

<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State   X Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	--	--	---

## Transporting Agencies

126	Total number of responses	_____	Total number of transports	_____
126	Number of emergency responses	_____	Number of emergency transports	_____
Unk	Number of non-emergency responses	_____	Number of non-emergency transports	_____

## Air Ambulance Services

_____	Total number of responses	_____	Total number of transports	_____
_____	Number of emergency responses	_____	Number of emergency transports	_____
_____	Number of non-emergency responses	_____	Number of non-emergency transports	_____

**TABLE 3: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne Provider: PHI Response Zone: All

**Address:** 10713 Airport Rd

**Number of Ambulance Vehicles in Fleet:** 1

Phone Number: (209) 536-6562

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <div> <input checked="" type="checkbox"/> Transport   <input checked="" type="checkbox"/> ALS   <input checked="" type="checkbox"/> 9-1-1   <input type="checkbox"/> Ground         </div> <div> <input type="checkbox"/> Non-Transport   <input type="checkbox"/> BLS   <input type="checkbox"/> 7-Digit   <input checked="" type="checkbox"/> Air         </div> <div> <input type="checkbox"/>   <input type="checkbox"/>   <input checked="" type="checkbox"/> CCT   <input type="checkbox"/> Water         </div> <div> <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/> IFT         </div>
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

## Transporting Agencies

\_\_\_\_\_ Total number of responses

\_\_\_\_\_ Number of emergency responses

\_\_\_\_\_ Number of non-emergency responses

Total number of transports \_\_\_\_\_  
 Number of emergency transports \_\_\_\_\_  
 Number of non-emergency transports \_\_\_\_\_

341	Total number of responses
206	Number of emergency responses
135	Number of non-emergency responses

<b>Air Ambulance Services</b>	239	Total number of transports
	104	Number of emergency transports
	135	Number of non-emergency transports

# Tab 3: Resource Directory

Reporting Year: 2013

## Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne Provider: Sonora City Fire Department Response Zone: \_\_\_\_\_

Address: 201 Shepherd Street Number of Ambulance Vehicles in Fleet: 0  
Sonora, CA 95370

Phone Number: (209) 532-7432 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes X No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground X Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	--	--	---

## Transporting Agencies

748	Total number of responses	_____	Total number of transports	_____
748	Number of emergency responses	_____	Number of emergency transports	_____
Unk	Number of non-emergency responses	_____	Number of non-emergency transports	_____

## Air Ambulance Services

_____	Total number of responses	_____	Total number of transports	_____
_____	Number of emergency responses	_____	Number of emergency transports	_____
_____	Number of non-emergency responses	_____	Number of non-emergency transports	_____

# Tab 3: Resource Directory

Reporting Year: 2013

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne Provider: Strawberry Fire Department Response Zone: \_\_\_\_\_

Address: 37885 Old Strawberry Number of Ambulance Vehicles in Fleet: 0

Strawberry, CA 95383

Phone Number: (209) 965-3513 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes X No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground X Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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## Transporting Agencies

11	Total number of responses	_____	Total number of transports	_____
11	Number of emergency responses	_____	Number of emergency transports	_____
Unk	Number of non-emergency responses	_____	Number of non-emergency transports	_____

## Air Ambulance Services

_____	Total number of responses	_____	Total number of transports	_____
_____	Number of emergency responses	_____	Number of emergency transports	_____
_____	Number of non-emergency responses	_____	Number of non-emergency transports	_____

**TAB 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne Provider: Tuolumne County Ambulance Response Zone: All

Address: 14880 Striker Ct Number of Ambulance Vehicles in Fleet: 10  
Sonora, CA 95370

Phone Number: 209-533-5100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Third Service	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

6,377	Total number of responses	5,267	Total number of transports
4,211	Number of emergency responses	170	Number of emergency transports
2,166	Number of non-emergency responses	5,097	Number of non-emergency transports

**Air Ambulance Services**

	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Reporting Year: 2013

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne Provider: Tuolumne County Fire Department Response Zone: \_\_\_\_\_

Address: 14880 Striker Court Number of Ambulance Vehicles in Fleet: 0  
Sonora, CA 95370

Phone Average Number of Ambulances on Duty  
Number: (209) 533-5548 At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes X No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground X Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	--	--	---

Transporting Agencies

2566 Total number of responses  
2566 Number of emergency responses  
Unk Number of non-emergency responses

Air Ambulance Services

Total number of responses  
Number of emergency responses  
Number of non-emergency responses

Total number of transports  
Number of emergency transports  
Number of non-emergency transports



# Tab 9: Resource Directory

Reporting Year: 2013

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne Provider: Tuolumne County Sheriff Dept. Response Zone:

Address: 28 Lower Sunset Number of Ambulance Vehicles in Fleet: 0  
Sonora, CA 95370

Phone Average Number of Ambulances on Duty  
Number: (209) 533-5815 At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> X Non-Transport <input checked="" type="checkbox"/> X BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> X Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> X Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> X Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> X County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> X Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input checked="" type="checkbox"/> X Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	---	--	---	--

## Transporting Agencies

Total number of responses  
Number of emergency responses  
Number of non-emergency responses

Air Ambulance Services  
Total number of responses  
Number of emergency responses  
Number of non-emergency responses

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne      Provider: Tuolumne Fire District      Response Zone: \_\_\_\_\_

Address: 18960 Main Street  
Sonora, CA 95370

Phone Number: \_\_\_\_\_

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes    X No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> <div> <input type="checkbox"/> Transport </div> <div> X Non-Transport </div> <div> <input type="checkbox"/> ALS </div> <div> X BLS </div> <div> <input type="checkbox"/> LALS </div> <div> X 9-1-1 </div> <div> <input type="checkbox"/> 7-Digit </div> <div> <input type="checkbox"/> CCT </div> <div> <input type="checkbox"/> IFT </div> <div> X Ground </div> <div> <input type="checkbox"/> Air </div> <div> <input type="checkbox"/> Water </div>
---	--	--	---

<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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297	Total number of responses	
297	Number of emergency responses	
Unk	Number of non-emergency responses	
	Total number of transports	
	Number of emergency transports	
	Number of non-emergency transports	

_____	Total number of responses
_____	Number of emergency responses
_____	Number of non-emergency responses
_____	Total number of transports
_____	Number of emergency transports
_____	Number of non-emergency transports

# Tab 3: Resource Directory

Reporting Year: 2013

## Response/Transportation/Providers

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tuolumne Provider: Twain Harte Fire District Response Zone:

Address: 18781 Cedar Drive Number of Ambulance Vehicles in Fleet: 0

Twain Harte, CA 95383

Phone Average Number of Ambulances on Duty

Number: (209) 586-4800 At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes X No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground X Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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## Transporting Agencies

232 Total number of responses  
232 Number of emergency responses  
Unk Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

## Air Ambulance Services

Total number of responses  
Number of emergency responses  
Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

**TABLE 9: FACILITIES**

**County:** Tuolumne

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Sonora Regional Medical Center  
**Address:** 1000 Greenley Ave  
 Sonora, CA 95370  
**Telephone Number:** 209-536-5000

<u><b>Written Contract:</b></u> X Yes <input type="checkbox"/> No	<u><b>Service:</b></u> <input type="checkbox"/> Referral Emergency X Basic Emergency	<u><b>Base Hospital:</b></u> X Yes <input type="checkbox"/> No	<u><b>Burn Center:</b></u> <input type="checkbox"/> Yes X No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u><b>Trauma Center:</b></u> <input type="checkbox"/> Yes X No	<u><b>If Trauma Center what level:</b></u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u><b>STEMI Center:</b></u> <input type="checkbox"/> Yes X No	<u><b>Stroke Center:</b></u> <input type="checkbox"/> Yes X No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 10: APPROVED TRAINING PROGRAMS**

**County:** Tuolumne

**Reporting Year:** 2015

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Columbia College		Telephone Number:	209-588-5186
Address:		16000 Columbia College College Dr. Sonora, CA 95370			
Student Eligibility*:	Open	**Program Level	EMT-I		
Cost of Program:					
Basic: \$415.		Number of students completing training per year:			
Refresher: \$93.		Initial training: 75			
		Refresher: 20			
		Continuing Education: 20			
		Expiration Date: N/A			
		Number of courses: 2			
		Initial training: 4			
		Refresher: 4			
		Continuing Education:			

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Columbia College		Telephone Number:	209-588-5186
Address:		16000 Columbia College College Dr. Sonora, CA 95370			
Student Eligibility*:	Open	**Program Level	EMR		
Cost of Program:					
Basic: \$162.		Number of students completing training per year:			
Refresher: \$93.		Initial training: 120			
		Refresher: 20			
		Continuing Education: 20			
		Expiration Date: NA			
		Number of courses: 6			
		Initial training: 4			
		Refresher: 4			
		Continuing Education:			

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 11: DISPATCH AGENCY**

County: Tuolumne Reporting Year: 2014

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name: _____ Address: _____ Telephone Number: _____		Tuolumne County Sheriff's Office 28 Lower Sunset Drive Sonora, CA 95370 209-533-5815		Primary Contact: Sue Fraguero	
Written Contract: X Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X Day-to-Day X Disaster	Number of Personnel Providing Services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 11 _____ Other _____		
Ownership: X Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name: _____ Address: _____ Telephone Number: _____		Primary Contact: _____		
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other _____	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<b>Local EMS Agency or County Name:</b> Tuolumne County
<b>Area or subarea (Zone) Name or Title:</b> Ambulance Zones 1 – 6 description listed below
<b>Name of Current Provider(s):</b> Tuolumne County Ambulance Service provides service to all zones
<b>Area or subarea (Zone) Geographic Description:</b> Ambulance Zones 1 – 6 description listed below
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Non-Exclusive
<b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

<b>Local EMS Agency or County Name:</b> Tuolumne County
<b>Area or subarea (Zone) Name or Title:</b> Ambulance Zones 1
<b>Name of Current Provider(s):</b> Tuolumne County Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b> <p>Northern boundary: starting at the Highway 49 (Archie Stevenot) Bridge proceeding north along the Stanislaus River to the South Fork of the Stanislaus River; proceeding east along the South Fork of the Stanislaus River to Italian Bar Road (encompassing Italian Bar Road north to Rose Creek.)</p> <p>Eastern Boundary: starting at the Italian Bar Road Bridge at the South Fork of the Stanislaus River proceeding south along an imaginary line (taking in all of Five Mile Creek Road, Redwood Way, Northridge Road and Gray Fox Road) crossing at a point on Big Hill Road between Borden Road and Old Oak Ranch Road; continuing south (taking in all of the Apple Valley community) to the north shore of Phoenix Lake; proceeding south along the eastern edge of Phoenix Lake crossing Phoenix Lake Road at the midpoint between Silver Dawn Drive and Avenida Del Sol; proceeding south (taking in Peaceful Oak Road) to the intersection of Standard Road and Highway 108; proceeding south down the middle of Standard Road to Tuolumne Road; proceeding east along Tuolumne Road to Morris Road; turning south on an imaginary line to the intersection of Yosemite Road and Wards Ferry Road; proceeding south along Wards Ferry Road to the Wards Ferry Road Bridge at the Tuolumne River.</p> <p>Southern Boundary: starting the Wards Ferry Road Bridge proceeding west along the Tuolumne River to a point in the middle of the Stent-Jacksonville Bridge.</p> <p>Western Boundary: starting in the middle of the Stent-Jacksonville Bridge proceeding north along the shoreline of Lake Don Pedro to an the northern boundary of T1S-R14E; proceeding west to the junction of Highway 108 and Highway 120; proceeding north along the eastern boundary of T1N-R13E to the shoreline of New Melones Reservoir, proceeding along the shoreline to the Highway 49 (Archie Stevenot) Bridge.</p> <p>Major points:</p> <ol style="list-style-type: none"> <li>1. Includes all of the lake surface area of New Melones Reservoir.</li> <li>2. Includes the communities of: Columbia, Apple Valley, Scenic Brook, Mono Village, Sonora, Jamestown, Cuesta Serna, Lambert Lakes, Quail Hollow, Quail Ridge Ranch, Shaws Flat and Tuttletown.</li> </ol>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> N/A



<b>Local EMS Agency or County Name:</b> Tuolumne County
<b>Area or subarea (Zone) Name or Title:</b> Ambulance Zones 2
<b>Name of Current Provider(s):</b> Tuolumne County Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b> <p>Northern Boundary: starting at the Middle Fork of the Stanislaus River and the border with Calaveras County proceeding east along the Middle Fork of the Stanislaus River to the eastern border of TN4-R17E.</p> <p>Eastern Boundary: starting at the intersection of the Middle Fork of the Stanislaus River and the eastern border of TN4-R17E proceeding south, crossing Highway 108 just west of Odd Fellows Road, to the Northern Boundary of T2N-R17E; proceeding east to the western boundary of the Emigrant Wilderness; proceeding south to the northern tip of Cherry Lake and following the western shoreline of Cherry Lake to the northern boundary of T1N-R19E.</p> <p>Southern Boundary: starting at the northern boundary of T1N-R19E and Cherry Lake proceeding west to Cottonwood Road; proceeding south along the western edge of Cottonwood Road (off the road) to the intersection of Cottonwood Road and Cherry Lake Road (formerly Cherry Oil Road); proceeding south along the western edge of Cherry Lake Road (off the road) to the Tuolumne River; proceeding along the northern bank of the Tuolumne River to the Wards Ferry Bridge.</p> <p>Western Boundary: the eastside of Zone 1's Eastern Boundary.</p> <p>Major Points:</p> <p>Includes Cherry Lake Campground. Excludes Cherry Lake Boat Ramp.</p> <p>Includes the communities of: Camp Sunshine, Mono Vista, Cedar Ridge, Crystal Falls, Jupiter, Sierra Village, Mi-Wuk, Sugarpine, Twain Harte, Willow Springs, Soulsbyville, Ponderosa Hills, Tuolumne City, Tuolumne Rancheria and Buckhorn Estates.</p>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> N/A

<b>Local EMS Agency or County Name:</b> Tuolumne County
<b>Area or subarea (Zone) Name or Title:</b> Ambulance Zones 3
<b>Name of Current Provider(s):</b> Tuolumne County Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b> <p>Northern Boundary: starting at the intersection of the Middle Fork of the Stanislaus River and the border of Calaveras County; proceeding northeast along the county line to the Alpine County border.</p> <p>Eastern Boundary: starting at the intersection of the Tuolumne, Calaveras, Alpine county borders and proceeding southeast along the county line to the Mono County border; continuing south along the county line to the intersection of the county and the southern border of the Emigrant Wilderness.</p> <p>Southern Boundary: starting at the intersection of the Tuolumne and Mono County border and the southern boundary of the Emigrant Wilderness proceeding west along the southern boundary of the emigrant wilderness to the north shore of Cherry Lake.</p> <p>Western Boundary: the eastside of Zone 2's Eastern Boundary.</p> <p>Major Points:</p> <ol style="list-style-type: none"> <li>1. Includes the communities of: Pinecrest, Long Barn, Strawberry, Leland Meadows, Brightman Flat, Kennedy Meadows and Dodge Ridge.</li> </ol>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> N/A

<b>Local EMS Agency or County Name:</b> Tuolumne County
<b>Area or subarea (Zone) Name or Title:</b> Ambulance Zones 4
<b>Name of Current Provider(s):</b> Tuolumne County Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b> <p>Northern Border: starting in the middle of the Stent-Jacksonville Bridge proceeding east along the Tuolumne River to Cherry Lake Road; proceeding north along the Westside of Cherry Lake Road to Cherry Lake; proceeding along the western shoreline of Cherry lake to the intersection of Cherry Lake and the southern border of the Emigrant Wilderness; proceeding east along the Emigrant Wilderness border to the Tuolumne County and Mono County Border.</p> <p>Eastern Border: Starting at the intersection of the Tuolumne and Mono County borders and the southern border of the Emigrant Wilderness proceeding south along the Mono County Line to the intersection of the Tuolumne, Mariposa and Madera County lines.</p> <p>Southern Border: starting at the intersection of the Tuolumne, Mariposa and Madera County lines and proceeding east along the Mariposa County line to a point just north of Highway 49; proceeding north approximately 12 mile turning west and crossing Highway 49 at Big Jackass Creek and continuing west along an imaginary line which crosses Marshes Flat Road between Moccasin and Wendy Way and terminates at the shoreline of Lake Don Pedro.</p> <p>Western Border: starting at the shore of Lake Don Pedro 2 miles south of the northern border of T2S-R15E proceeding north along the shoreline to the middle of the Stent-Jacksonville Bridge.</p> <p>Major Points:</p> <ol style="list-style-type: none"> <li>1. Includes all of Cherry Lake Road, Cherry Lake and Cherry Lake boat ramp.</li> <li>2. Excludes Cherry Valley Campground.</li> <li>3. Includes the Moccasin Marina and the lake surface area of Lake Don Pedro east of the Highway 49 Bridge.</li> <li>4. Includes the communities of: Groveland, Big Oak Flat, Pine Mountain Lake, Camp Mather, Moccasin and Hetch Hetchy.</li> </ol>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> N/A



<b>Local EMS Agency or County Name:</b> Tuolumne County
<b>Area or subarea (Zone) Name or Title:</b> Ambulance Zones 5
<b>Name of Current Provider(s):</b> Tuolumne County Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b> <p>Northern Boundary: starting at the northwest section of Tuolumne County where the Tuolumne, Calaveras and Stanislaus County lines intersect and proceeding east to the dam at New Melones Lake.</p> <p>Eastern Boundary: starting at the dam at New Melones Lake and proceeding south along the shoreline to eastern boundary of T1N-R13E; continuing south along the eastern boundary of T1N-R13E to the Highway 108/120 junction; proceeding east along the northern boundary of T1S-R14E to the shore of Lake Don Pedro; proceeding along the shoreline of Lake Don Pedro to the Stent-Jacksonville Bridge.</p> <p>Southern Boundary: starting at the Stent-Jacksonville bridge proceeding west along the Zone 4 boundary (southern shore of Lake Don Pedro) to the intersection of Lake Don Pedro and the northern border of T2S-R15E; proceeding west along the northern border of T2S-R15E across Lake Don Pedro to the north shore; proceeding west along the north shore of Lake Don Pedro to Don Pedro Road; following Don Pedro Road to La Grange Road (J59); proceeding west on La Grange Road to the Tuolumne-Stanislaus County Line.</p> <p>Western Boundary: starting at the intersection of the La Grange Road and the Tuolumne-Stanislaus County line proceeding north to the intersection of the Tuolumne-Stanislaus-Calaveras County lines.</p> <p>Major Points:</p> <ol style="list-style-type: none"> <li>1. Includes all of La Grange Road and the lake surface area of Don Pedro south of the Highway 49 Bridge.</li> <li>2. Includes the Highway 108/120 junction, Chinese Camp, Sierra Conservation Center, Lake Tulloch, Sierra Pacific Industries and, Hatler Industrial Park.</li> </ol>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> N/A

<b>Local EMS Agency or County Name:</b> Tuolumne County
<b>Area or subarea (Zone) Name or Title:</b> Ambulance Zones 6
<b>Name of Current Provider(s):</b> Tuolumne County Ambulance Service
<b>Area or subarea (Zone) Geographic Description:</b> <p>Northern Boundary: starting just south of the intersection of La Grange Road and the Tuolumne-Stanislaus County Line proceeding east to Bonds Flat Road; proceeding east along an imaginary line from the intersection of La Grange Road and Bonds Flat Road to the shore of Lake Don Pedro south of Don Pedro Road; proceeding south along the shoreline of Lake Don Pedro to a point 2 miles south of the northern border of T2S-R15E; proceeding east along an imaginary line which crosses Marshes Flat Road between Moccasin and Wendy Way and continues on to cross Highway 49 at Big Jackass Creek; proceeding south approximately 12 mile terminating at the Tuolumne-Mariposa County line.</p> <p>Eastern Boundary: None.</p> <p>Southern Boundary: starting at the Tuolumne-Mariposa County line just east of Highway 49 proceeding west along the Tuolumne-Mariposa County line to the intersections of the Tuolumne-Mariposa-Stanislaus County lines.</p> <p>Western Boundary: starting at the Tuolumne-Mariposa-Stanislaus County lines proceeding north to a point just south of La Grange Road.</p> <p>Major points:</p> <ol style="list-style-type: none"> <li>1. Includes Flemming Meadows and Blue Oaks boat ramps.</li> <li>2. Excludes the lake surface area of Lake Don Pedro.</li> <li>3. Includes the communities of: Blanchard, Don Pedro subdivision, Don Pedro Elementary and Don Pedro High Schools and the Don Pedro Recreation Agency Headquarters.</li> </ol>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Non-Exclusive
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> N/A